



BRIDGES

CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

Message from the Director

Michael Silver, Director
California Head Start-State
Collaboration Office

Change is in the air as this issue of *Bridges* goes to press. California has a new governor who promises some new approaches to educating children in our state. Proposition 10, endorsed by State Superintendent Delaine Eastin and intended to facilitate "the creation of a seamless system of integrated and comprehensive early childhood development programs and services," will bring new fiscal resources and policy responsibilities to California's counties. The recently released Little Hoover Commission Report on California's child care and development system contains a wealth of information to be discussed, debated, and acted on. The implementation of California Work Opportunity and Responsibility to Kids, otherwise known as CalWORKs, continues at a fast clip.

Across the country, families, agencies, and advocates are changing the ways in which services are provided to children with special developmental needs.

CalWORKs families will also benefit from the collaboration of Head Start and Child Development Division-(CDD-) funded programs to create innovative partnerships that provide full-day, full-year child care and development services to families. The very successful first annual California Head Start Association conference recently held in Sacramento featured several useful and well-attended workshops

focusing on the partnerships that have sprung up in many areas of the state. Staff of the California Head Start-State Collaboration Office (CHSSCO) is currently drafting a written report based on surveys submitted by Head Start agencies participating in these local efforts. This report, to be shared with the child care and development community, will provide a blueprint for other potential collaborators of what works in child care. Other activities and changes in CHSSCO are described in "Message from the Editor."

Across the country, families, agencies, and advocates are changing the ways in which services are provided to children with special developmental needs. In the field of early intervention, services are increasingly provided in *natural environments*, such as the home or day care center. This issue of *Bridges* is devoted to helping families and agencies understand and gain access to the service system for children with special needs. Regional centers, family resource centers, and Special Education Local Plan Areas provide services for children with developmental disabilities, delays, and risk conditions. Articles describe the various services, how regional centers and Head Start programs are working together, and how parents and providers meet the challenges of finding child care services for children with disabilities. Telephone numbers and Web sites are provided, as well as information on how to obtain services and technical assistance. This issue also focuses on prevention of dangers to children: violence and poison control. We hope these resources help stimulate new ways of thinking as we all work to provide more inclusive services to children in California with developmental disabilities.



RIVERSIDE COUNTY OFFICE OF EDUCATION



CENTER FOR THE EDUCATION OF THE INFANT DEAF



PAJARO VALLEY UNIFIED SCHOOL DISTRICT

This issue of *Bridges* may be found at the Child Development Division's World Wide Web site. Point your browser to http://www.cde.ca.gov/cyfsbranch/child_development/cddhome.htm.



Message from the Editor

Michael Zito, Coordinator
California Head Start-State
Collaboration Office

This issue of *Bridges* focusing primarily on the service system for children with disabilities was supposed to be published in winter 1997, but it is late. The Child Development Division (CDD) of the California Department of Education was reorganized, resulting in several changes in assignments for the staff that coordinates the California Head Start-State Collaboration Office (CHSSCO) and compiles this newsletter. CDD management staff recognized that CHSSCO is one of several important projects that require the expertise of staff from more than one unit in the division. Michael Silver is the new director of CHSSCO with overall responsibility for bringing together the different strands and activities from the entire division. I am the new coordinator, a role that was previously shared by Mary Smithberger and Sharon Hawley (including the editorship of *Bridges*). Mary and Sharon will continue to work closely with CHSSCO: Mary on disability issues, Sharon on health issues.

I would like to thank the following people and organizations that contributed time, articles, or both to this issue:

Pamm Shaw, Virginia Reynolds, Debra Crumpton, Judy Higuchi-Lindbeck, Ellen Broms, Lessie Murphy, Carolyn Ortiz, Resources in Special Education, Mary Smithberger, Sharon Hawley, and Dawn Paxson.

Thanks also go to the staff of CDE Press who did the artwork, typesetting, and final editing: Sheila Bruton, Faye Ong, Cheryl McDonald, Gloria Barreiro, and Carey Johnson.

If you have any information on collaborative funding models for full-day or full-year services to contribute to the next issue of *Bridges*, please contact me at (916) 323-9727 or through e-mail (mzito@cde.ca.gov).

Finding Daycare for Robert

By a Very Proud Mother of a Special
Needs Child

Used by permission of the Rainbow
Connection Family Resource Center,
Oxnard, California

About seven months ago I was offered a wonderful job. It was a part-time job with very flexible hours. I was thrilled with how flexible the job was because it would allow me to spend time with my then 2-year-old son, Robert. I told my potential employer I could start working as soon as I found childcare . . . and then my nightmare began.

You see, Robert is not your typical child. He is missing a piece of a chromosome. Due to this chromosome deletion, Robert is a profoundly delayed and disabled child. Developmentally, he is at about a 3- to 4-month level in both his social and motor skills. (He still does not have head control and cannot sit up.) Furthermore, he is very, very small for his age; at 3 years old he is only wearing size 12-18 months. If you saw him you would think he was an infant, not a 3-year-old! To make things even more complicated, he is mostly fed through a gastrostomy tube (a tube directly into his stomach) and needs to be on oxygen when he is sleeping.

I want to tell you about my experience in trying to find childcare for my son. I started out by calling some of the daycare providers in the community. The first question always asked was, "How old is he?" Due to Robert's disabilities, this was a difficult question for me to answer! I would start out by saying, "Well . . . he is 2 years old, BUT . . . he is developmentally delayed." Then they would ask for more details, and I would give them (reluctantly). I could hear the panic in their voices as they proceeded to tell me that they could not be responsible for a child like that and that it would be too disruptive to their program or they

wouldn't know how to care for him. After several phone calls I felt discouraged, but I was not going to give up.

I then proceeded to try agencies who provided "in home" care. It was not my first choice as I really wanted Robert around other children. You see, Robert is an extremely social, happy kid and he loves to be around other children. He gets a real kick out of watching children playing and laughing. I was feeling a little desperate so I tried the agencies even though I discovered it was going to cost an average of \$10 to \$12 per hour! After interviewing over 10 "qualified" people from these agencies, I discovered that most of these people were not "comfortable" in caring for Robert either.

"I've never cared for a child like this before, but why don't you come over so I can meet him and we can talk about it."

Those beautiful words were music to my ears.

Because I really wanted Robert around other children, I decided to give the family daycares another try. After even more rejections, I started feeling angry and hurt. This was my first experience with outright discrimination; I couldn't even get beyond a phone call with these providers! I kept trying to tell them how loving and wonderful this child of mine is, and that once they met him they would see he wasn't a *disruption*, he was merely a child with disabilities who was sure to win their heart. The more I got into this process, I found my focus changing. I got to the point where I was trying to "sell" them on my child; I wasn't even thinking about checking *their* references or interviewing *them* as I was feeling



desperate for them to accept Robert! All of the advice I had read about in finding a daycare provider went right out the window in my desperation to find care for Robert.

I finally got the name of someone in my neighborhood who actually sounded open to the idea, but her daycare was full! Thankfully, she referred me to someone else who said, *"I've never cared for a child like this before, but why don't you come over so I can meet him and we can talk about it."* Those beautiful words were music to my ears.

She gave us a chance to meet with her and this made all the difference in the world. Meeting with us face to face allowed her to see Robert and his disabilities. She held him and talked to him just like he was any other kid. (I can't express how much that means to a mother of a disabled child.) We talked about his disabilities, his likes and his dislikes. I told her about Robert's love of music and other children. I showed her how I fed him through the g-tube and how I put him on oxygen for his naps. After meeting Robert and talking with me, this wonderful provider decided to give it a try. I know she was nervous and unsure, but the point is, she was willing to try! Through a great deal of **teamwork, understanding, and communication**, this provider has learned how to tube feed my child, how to administer the oxygen when he naps, and how to position him in his wheelchair. She has learned when he needs a nap, his favorite songs, and how to make him giggle with joy. After a few months of caring for Robert, she even told me how she found g-tube feeding much easier than feeding a typical infant through a bottle. (Now that's progress!)

Robert has loved going to daycare too. He has really progressed in his social skills and seems to be much brighter and is babbling more than he ever did before. He is actually "singing" (in his own little way) along with some of his favorite songs now!

(Continued on page 35)

Reinventing Head Start

By Debra J. Crumpton, Executive Director
California Head Start Association

Meeting the needs of low-income children and families has never been more challenging. In these most unusual times of unprecedented change, Head Start cannot continue to do business as usual. After a 33-year history of providing comprehensive services, Head Start finds itself in the midst of an operational and organizational redesign.

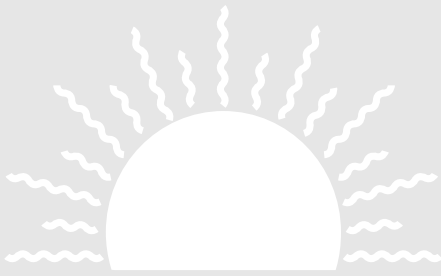
As families find themselves pressed to go to work by any means necessary, Head Start is confronted with expanding its traditional part-year, part-day program to full-year, full-day. The added challenge of expansion is maintaining a close and effective relationship with parents. From its inception, Head Start recognized the parent as the child's primary nurturer and a child's environment essential to his or her successful and full development. All Head Start programs have the following formal links to strengthen this bond: home visits and in-class involvement and co-governance of local programs by parents. Welfare-to-work mandates are threatening this critical fiber.

The revised Head Start Act that President Clinton signed into law on October 27, 1998, breaks many long-standing traditions and common practices. For the first time, for-profit organizations will be able to compete for new Head Start grants. "Demonstrated capacity" is the watchword for grant awarding.

The revised Head Start Act also changes the program's statement of purpose. School readiness is the emphasis. As programs continue to provide health, nutritional, social, cognitive development, and other services, ensuring that a child is academically prepared for K-12 transition is paramount. Maintaining developmentally appropriate standards for both children and staff is a much-debated issue in Head Start. Not only must we continue to do what is in the best interests of the

(Continued on page 40)





CALIFORNIA'S EARLY

Services Established by Law for Infants and Toddlers

California has a long history of providing early education opportunities to children with disabilities. Public schools and private programs funded by regional centers provided early education to infants in the 1960s and 1970s through local, state, and federal funding sources. California state law, since 1980, has mandated early education programs for many infants and toddlers (birth to 36 months of age) with disabilities.

The Early Start Program is California's collaborative early intervention service system under Part C of the Individuals with Disabilities Education Act and the California Early Intervention Services Act (*Government Code* Sec. 95000 et seq.) The Early Start Program, established through legislation in 1993, ensures that a family-focused, coordinated interagency system of early intervention services is provided for infants and toddlers with a developmental disability, or at risk of having one, and their families. The California Department of Developmental Services (DDS), lead agency for overall administration of the program, coordinates with the California Department of Education and the Departments of Health Services, Social Services, Mental Health, and Alcohol and Drug Programs.

Mission

The Early Start Program seeks to promote and enhance a coordinated, family-focused service system for infants and toddlers from birth to 36 months of age with a developmental delay or a disability or who are at risk of a developmental disability.

The Early Start Program is designed to:

- Enhance interagency collaboration.
- Keep families informed about services for their child.
- Support families and include them as collaborative decision makers worthy of respect.
- Support professionals to enhance their training.
- Provide services in the child's natural environment.
- Maintain the quality of the early intervention program and ensure its responsiveness to the children and families it serves and to the public.

The Early Start Program is primarily implemented by 21 regional centers, 115 special education local plan areas (SELPAs), and 55 family resource centers. The lead agency, DDS, collaborates with the California Department of Education, and the two agencies are responsible for the development of Early Start policy. The lead agency receives advice and assistance from the State Interagency Coordinating Council on Early Intervention. The regional centers, through a contractual agreement with DDS, share primary responsibility with the California Department of Education's local educational agencies (LEAs) for coordinating and providing early intervention services at the local level. Regional centers serve all eligible infants and toddlers except those with solely low-incidence disabilities (e.g., solely visual, hearing, and severe orthopedic impairments and any combination thereof). LEAs serve all infants and toddlers with solely low-incidence disabilities and also provide services for infants and toddlers eligible for LEA services within the LEA's funded capacity.

Within the California Department of Education, the Early Education Unit

(EEU) administers the program. The EEU consults and collaborates with DDS and other state and local agencies to meet the requirements of Part C. The EEU is responsible for developing policies and administering programs that are coordinated by the 115 SELPAs and provided by LEAs, such as the school districts and county offices of education.

Eligibility Criteria

Infants and toddlers, birth to 36 months of age, may be eligible for early intervention services through documented evaluation and assessment if they meet one of the following criteria:

- Have a developmental delay in one of five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development.
- Have an established risk condition of known etiology that has a high probability of resulting in developmental delay.
- Are at high risk of a developmental disability due to a combination of risk factors that require early intervention services.

Early Start Services

Infants and toddlers may be identified and referred for regional center or LEA services through primary referral sources in their local communities: hospitals, health care providers, child care providers, LEAs, social service programs, and an infant or toddler's family. Each infant or toddler referred to Early Start will have a timely, comprehensive evaluation to determine eligibility and, if determined to be eligible, an assessment to deter-

START PROGRAM

mine service needs. Within 45 days of receipt of the referral to the regional center or LEA, a service coordinator facilitates the evaluation and assessment and convenes a meeting to develop the individualized family service plan (IFSP).

Because the primary responsibility for an infant's or toddler's well-being rests with the parents, they are an integral part of the evaluation and assessment process and participate in the development of the IFSP. Early Start services support the family and enhance the family's ability to meet the special needs of their infant or toddler. Services based on the child's needs are to be provided in "natural environments"—home and community settings in which children without disabilities participate. The regional center or LEA provides, arranges for, or funds all early intervention services. Provision is made for periodic and annual reviews of the IFSP to monitor progress, respond to the changing needs of the family over time, and coordinate transition planning for the time when the child turns 3 and is ineligible for Early Start.

Services under Early Start are designed to meet the developmental needs of each eligible infant or toddler and the needs of the family related to the infant's or toddler's development. These services are specially designed to meet the unique needs and enhance the development of infants and toddlers and their families and may include home visits, group services, and family-involvement activities. Early intervention services may include:

- Assistive technology devices/ services
- Audiology services
- Family training, counseling, and home visits
- Some health services

- Medical services for diagnosis and evaluation
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Special instruction
- Social work services
- Transportation services
- Speech and language services
- Vision services
- Respite care
- Others as needed

Parents' Rights, Mediation, and Due Process

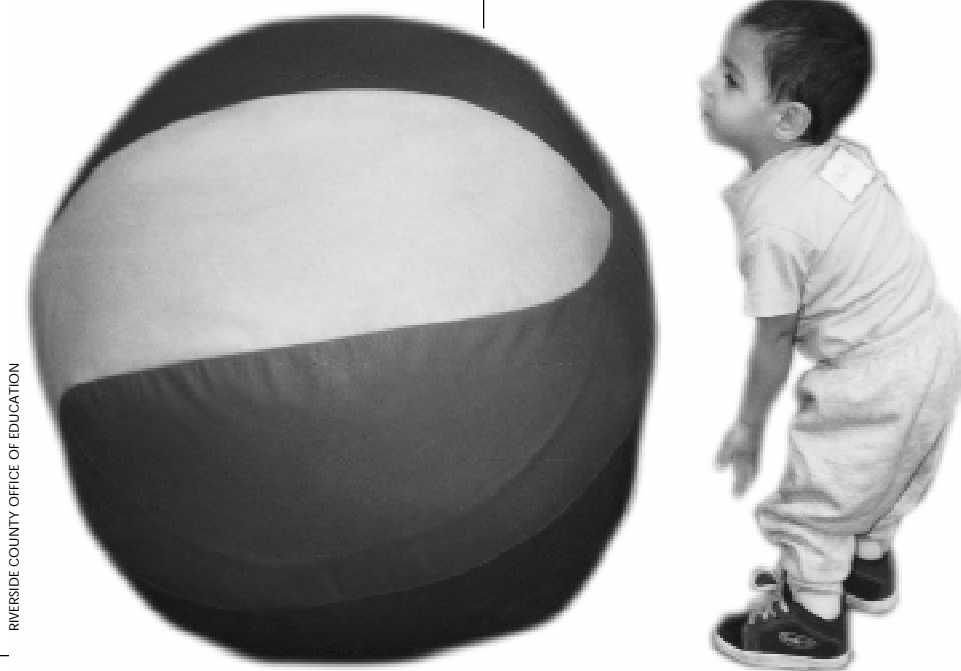
In Early Start, parents have rights and protections to ensure that early intervention services are provided to their children in a manner appropriate to their needs, in consideration of family concerns, and in compliance with state and federal statutes. DDS contracts with the Office of Administrative Hearings to conduct mediation and

due process hearings for families in Early Start who have a disagreement with a regional center or LEA about the evaluation, assessment, or placement of their child or the identification or provision of appropriate early intervention services.

Family Resource Centers/Networks

Through Early Start, 55 resource centers or local networks receive funding to provide parent-to-parent support to families in local communities. State legislation enacted on August 18, 1997, mandated family resource centers/networks (FRC/Ns) as a specified early intervention service provider. FRC/Ns are primarily staffed by parents who have children with special needs and provide services in a nonclinical, family-centered atmosphere. The intent is to support the emotional and informational needs of families, provide referral information and outreach to underserved popula-

(Continued on page 6)



CALIFORNIA'S EARLY START PROGRAM

tions, support child find activities and family/professional collaborative activities, and assist families with transition. Support services and resources provided in many languages are culturally responsive to the needs of the families they serve.

Regionalized Liaisons

Within DDS, the Prevention and Children's Services Branch has four primary liaisons between DDS and the

21 regional centers and the FRC/Ns on all Early Start Program and fiscal matters. The liaisons provide support, technical assistance, monitoring, and oversight on a scheduled and as-needed basis. To contact the DDS Early Start liaisons, call 916-654-2773.

At the California Department of Education, EEU consultants are also available to respond to requests for information from the field. The consultants also provide program oversight

and conduct compliance reviews. Technical assistance is provided on site or through a variety of local and regional meetings. EEU consultants identify local staff and agency needs and provide or arrange technical assistance on site or through regional meetings. The EEU is also responsible for developing policy and procedures to facilitate program implementation.

EEU consultants also conduct infant/preschool field meetings in far

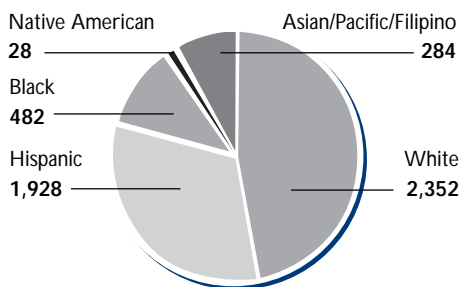
Children in the Program

Data collection efforts for Early Start have continually improved on all levels. Current data show that the 21 regional centers are serving more than 17,000 infants and toddlers annually, and LEAs are serving almost 5,100.

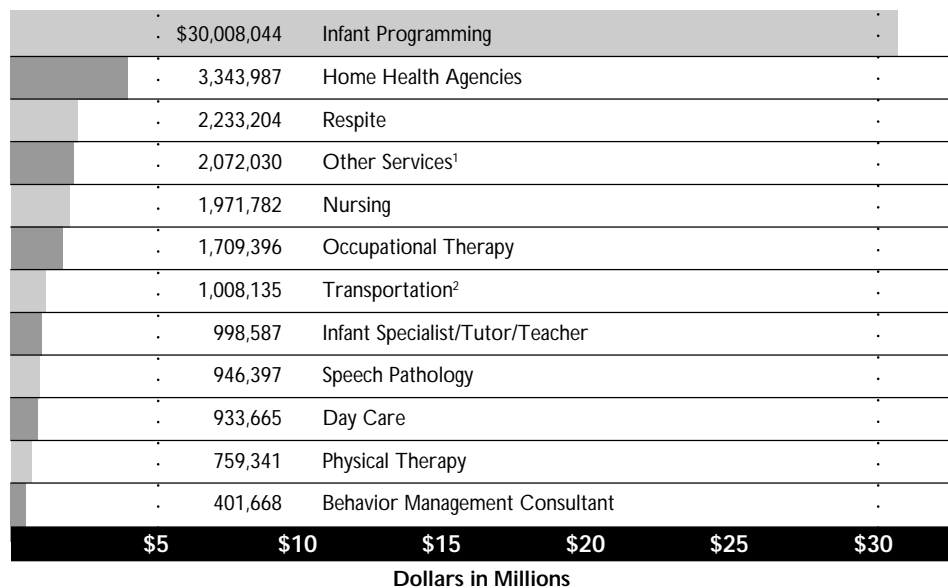
Children from Birth Through Age Two Served by LEAs, by Disability

Seriously Emotionally Disturbed	2
Traumatic Brain Injury	12
Autism	44
Deaf-Blind	16
Specific Learning Disability	93
Deaf	186
Hard of Hearing	187
Multihandicapped	219
Visually Impaired	393
Noncategorical	771
Speech or Language Impaired	794
Other Health Impaired	794
Orthopedically Impaired	831
Mentally Retarded	732
Total	5,074

Number of Children in Special Education Programs in California from Birth to Age Two, by Ethnicity



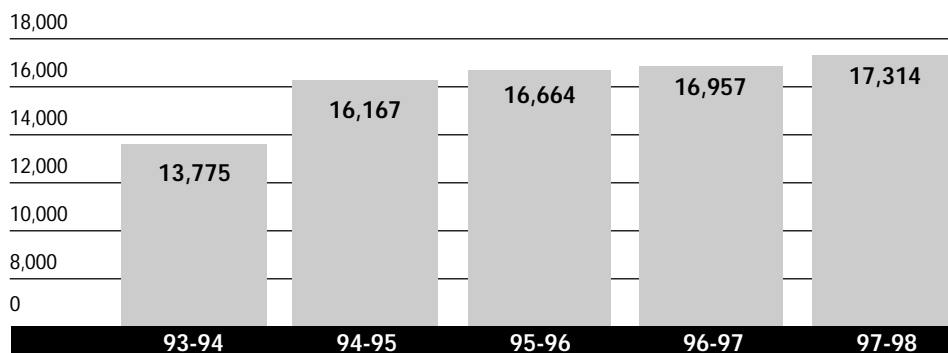
Early Intervention Services Purchased by Regional Centers, Fiscal Years 1996-98



¹"Other Services" is the aggregation of expenditures for all of the other services purchased for children under the age of 3 that are not specifically identified in this graphic, such as psychology, counseling, interpreting, translating, durable medical equipment, nutritional services, pharmaceuticals, recreation services, etc.

² Transportation costs reflect only specific fees for service arrangements and do not include contract transportation arrangements.

Children Under Age 3 Served by Regional Centers, Fiscal Years 1993-98



CALIFORNIA'S EARLY START PROGRAM

northern, northern, Bay Area, Central Valley, central coast, Los Angeles, and other southern California locations. These field meetings provide up-to-date information and technical assistance on the best practices, current research, and improved technology. To contact the EEU, call 916-445-4623.

Monitoring and Technical Assistance

To ensure program compliance and support quality improvements, state interagency teams and community representatives visit regional centers and LEAs to conduct interviews and record reviews. Reports are completed noting strengths, technical assistance needs, and recommendations. The process, which has been refined with an emphasis on technical assistance with compliance, has promoted positive changes in the Early Start system.

Comprehensive System of Personnel Development

DDS and California Department of Education have focused on providing statewide training and technical assistance to ensure that early intervention and early childhood personnel are appropriately trained and qualified to meet the specialized needs of the children and families they serve. DDS has a contractual agreement with WestEd, for the California Early Intervention Technical Assistance Network (CEITAN), to coordinate the following activities:

- **Early Start Institutes** - provide personnel development opportunities to direct service providers and Early Start service coordinators. Core trainings are offered on topics related to early intervention competencies and best practices.
- **The California Early Start Personnel Development Scholarship Fund** - provides financial support for

personnel development activities in the Early Start system.

- **Community College Certificate for Early Intervention Assistants** - provides for the completion of a pilot project involving diverse representatives to explore the possibility of implementing a certificate program for training early intervention assistants through the California community college system. Six community colleges are presently participating.
- **Consultant Network for Early Intervention Developmental Services** - provides for the coordination of a consultant network to assist DDS in developing effective program guidelines and informational products for the Early Start Program.

For information on these projects, contact CEITAN at 916-492-9999.

SEEDS

Supporting Early Education Delivery Systems (SEEDS) is a joint project of the California Department of Education and the Sacramento County Office of Education. SEEDS has established a network of consultants and visitation sites to assist LEAs in providing quality services; telephone (916) 228-2379.

SEECAP

The Special Education Early Childhood Administrators Project (SEECAP) provides training and technical assistance for administrators of early childhood special education programs; telephone (619) 292-3800.

Public Awareness and Outreach

Early Start Resources (ESR), contracted by DDS through WestEd, supports outreach and publicizes the activities of the statewide early intervention system by publishing a wide range of materials for parents and families, health care providers, and early inter-

vention professionals. *The Central Directory of Early Intervention* provides a listing of state and regional publicly funded agencies and resources in California. ESR is currently updating the guide and the new edition will be available in early 1999. Also, *Early Start Connections*, an informative quarterly newsletter, is designed for early intervention providers and families statewide. Printed materials are available in English, with selected products in Spanish and Vietnamese. In addition, ESR offers statewide access to the Early Intervention Library collection, which includes books, research, reports, training manuals, family education and support materials, and audio and videotapes for personnel and program development. Materials and subscriptions are free and may be obtained by contacting:



Early Start Resources
429 J Street
Sacramento, CA 95814
916-492-9990
800-869-4337
FAX 916-492-9995

Referral and Resource Information

Access to services may be obtained by contacting a local regional center, school district, county office of education, or family resource center. Information may also be obtained by calling the Early Start toll-free informational line at **800-515-BABY** or accessing the DDS Web site <<http://www.dds.ca.gov>> or the Department of Education Web site <<http://www.cde.ca.gov>>.

Early Warning Signs

All children develop at different rates and in different ways. Some children are born with special needs that can affect their growth and development. Other children may not show developmental problems, delays, or differences until later in childhood. Fortunately, many of these children can get the support they need to reach their potential if parents and child care providers recognize the signs of need early and get help.

The *Early Warning Signs* described on these pages are only a few of the indicators that a child may need further observation and assessment. If, for any reason, you suspect that your child or a child in your care may have special needs, we urge you to seek help immediately. The period from birth to age three is the best time to help the child and you may prevent more serious problems from occurring later. **DON'T WAIT** until the child enters kindergarten before you ask for assistance!

If you suspect that your child or a child in your care may have special needs, call or help the child's parents call the local school district or the special education program of the county office of education. Representatives of those agencies may schedule an assessment to see if the child qualifies for services. Parents must give written permission for the child to be tested and receive special education. All services are confidential and provided at no cost to the family.

For concerns regarding children birth to age three, call the California Department of Developmental Services at 1-800-515-BABY (2229). You will be provided with information on resources in your local community or your Family Resource Center for parent-to-parent support.

Risk Factors

The following situations place children at greater risk for health and developmental difficulties:

- Prematurity and/or low birth weight
- Prenatal or other exposure to drugs, alcohol, or tobacco
- Violence in the community or home
- Poor nutrition
- Family stress (for example, poverty, poor housing, homelessness, death in the family)



General Behavior

Some behaviors may be causes for concern or just part of the child's temperament or personality. The following behaviors should be looked at in light of the whole child.

The child □.□.□.

- By six months of age, avoids being held or talked to or resists being soothed and comforted.
- Does not pay attention or stay focused on an activity for as long a time as other children of the same age do.
- Avoids or rarely makes eye contact with others.
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do.
- Often acts out; appears to be very stubborn or aggressive.
- Acts extremely shy or withdrawn.
- Does not like being touched.

- Does not like having certain types of materials or clothing next to body.
- Treats other children, animals, or objects cruelly or destructively.
- Tends to break things a lot.
- Displays violent behavior (tantrums, fighting, screaming, or hitting other children) on a daily basis.
- Stares into space, rocks body, or talks to self more often than other children of the same age.
- Often bangs head against an object, floor, or wall.
- Does not recognize dangerous situations, such as walking in traffic or jumping from high places.
- Tends to be sick often; complains of headaches or stomachaches.
- Has sleeping, feeding, eating or toileting problems.
- Is overly impulsive, active, or distractible.
- Does not respond to discipline as well as children of the same age.
- Has difficulty putting thoughts, actions, and movements together.
- Does not seek approval from parent or caregiver.

Hearing

The child □.□.□.

- Has frequent earaches.
- Has had many ear, nose, or throat infections or allergies.
- By four months, does not look at the source of sounds or voices or react to loud noises.
- Talks in a very loud or very soft voice.
- Seems to have difficulty responding when called from across the room, even when it is for something interesting.
- Turns body so that the same ear is always turned toward a sound.
- Breathes through mouth.
- Has difficulty understanding what is said.



That your child or a child in your care may need help

Moving

The child□.□.□.

- Has stiff arms or legs.
- Has floppy or limp body posture.
- Uses one side of the body more than the other.
- Has poor coordination or moves in a disorganized, clumsy manner compared with other children of the same age.
- At three months, still has difficulty holding head up.
- By age one, has difficulty sitting without help, standing up, reaching for objects, or picking up objects with thumb and index finger.
- By age two, has difficulty walking without help, kicking a large ball, scribbling, or building a tower with two or three blocks.
- By age three, does not walk up or down stairs, run without falling frequently, or turn pages of a book.
- By age four, has difficulty with such activities as standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb.
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors.



Seeing

The child□.□.□.

- Rubs eyes frequently.
- Seems to have difficulty following objects or people with eyes.
- Has reddened, watering, or crusty eyelids.
- Holds head in a strained or unusual position when trying to look at an object.
- Has difficulty focusing or making eye contact.



- Seems to have difficulty finding or picking up small objects dropped on the floor.
- Closes one eye when trying to look at distant objects.

Communicating

The child□.□.□.

- By age six months, rarely makes sounds like cooing or gurgling.
- Is unusually quiet.
- Does not shake head *no*.
- By age one, does not understand first words, such as *milk*, *bottle*, or *bye-bye*.
- By age one, does not say *mama* or *dada*.
- By age two, rarely names family members and/or common objects.
- By age two, does not speak in two-word phrases.
- By age two, does not point to objects or people to express want or need.
- By age three, does not know last name, gender, or common rhymes.
- By age three, does not follow simple directions or speak in three- or four-word sentences.
- By age four, does not tell stories, either real or make-believe, or ask frequent questions.
- By age four, does not speak in four- or five-word sentences and has speech that is not understandable by adults.
- By age five, does not know age and cannot answer *who*, *what*, *where*, *when* or *why* questions or use various types of sentences.



Thinking

The child□.□.□.

- By age one, has a hard time figuring out simple problems, such as finding an object after seeing it hidden.
- By age two, does not identify simple body parts by pointing, match

similar objects, or recognize self in a mirror.

- By age three, does not understand simple stories and ideas.
- By age three, does not understand simple mathematical concepts such as *one*, *more*, *less*, or count 1-2-3.
- By age four, does not give correct answers to questions, such as *What do you do when you are sleepy or hungry?*
- By age four, cannot tell the difference between different shapes or colors.
- By age five, does not understand the concepts of *today*, *tomorrow*, or *yesterday*.



Playing

The child□.□.□.

- By three months, does not coo or smile.
- By age one, does not play games like *peek-a-boo* or *pat-a-cake* or wave *bye-bye*.
- By age two, does not imitate parent or caregiver doing routine tasks such as washing dishes, cooking, or going to work.
- By age three, tends to play alone more than with other children.
- By age three, does not play purposefully or initiates play through pushing and hitting.
- By age three, does not interact with adults and children outside the family.
- By age four, does not play make-believe games and group games such as hide-and-seek with other children.
- By age five, does not share and take turns.
- By age five, does not express concern or compassion, when appropriate.
- By age five, does not show off occasionally.



The California Department of Education's

Public schools have offered special education services on a permissive basis to preschool-age children since the 1940s. However, it was not until 1992 that state law required school districts to serve all children between the ages of three and five with disabilities.

Mission

The Early Education Program in Special Education seeks to provide, within the typical environment appropriate for young children, early education programs for children between the ages of three and five with disabilities and include active parent involvement.

The Early Education Program is designed to:

- Reduce significantly the potential impact of any disabling conditions.
- Produce substantial gains in the development of physical, cognitive, language and speech, psychosocial, and self-help skills.
- Help prevent the development of secondary disabling conditions.
- Reduce family stress.
- Reduce societal dependency and institutionalization.
- Reduce the need for special class placement in special education programs once the children reach school age.
- Save substantial costs to our society and schools.

Enrollment

Local educational agencies (LEAs) throughout California serve approximately 41,988 preschoolers, including 9,145 five-year-olds. An additional 17,643 five-year-olds are served in special education kindergarten programs. There are 22 five-year-olds in state-operated programs.

Early Education Services

Preschool programs pursuant to the Individuals with Disabilities Education Act (IDEA) are services specially designed to meet the child's unique needs. The program's focus is on the young child and the family. Programs include individual and group services in a variety of typical age-appropriate environments for young children, including the home. Services are to be coordinated with other state and local agencies.

Early Childhood Special Education

For preschool children from three to five years of age, this program includes:

- Observing and monitoring the child's behavior and development in his or her environment
- Providing developmentally and age-appropriate activities
- Interacting and consulting with the family members, regular preschool teachers, and other service providers
- Assisting parents in accessing and coordinating services provided by other agencies or programs in the community
- Providing opportunities for play and for the development of self-esteem and preacademic skills
- Providing access to developmentally appropriate equipment and specialized materials
- Providing appropriate related services that include counseling and training for parents to help them understand and meet their child's unique strengths and needs
- Providing early education in the least restrictive environment or in the typical environment for

young children (This may require modification in the delivery of services.)

- Providing delivery of services to enable the child to receive them in a group program according to the child's need (Group services shall not exceed four hours per day unless otherwise determined by the individualized education program [IEP] team.)
- Provisions for instructional adult-to-child ratios for children served in group settings shall be one to six or less, depending on the individual needs of the child.

Related Services

The program assesses the needs of the preschool child in order to provide services identified in the child's IEP.

Services offered are:

- Assistive technology
- Audiology
- Counseling
- Health services
- Occupational therapy
- Orientation and mobility
- Parent counseling and training
- Physical therapy
- Psychological services
- Social work services
- Speech-language pathology services
- Transition
- Transportation
- Vision services

Where Children Are Served

Settings in which services are provided include:

- Regular public or private preschool programs
- Child development centers or family day care settings

Preschool Special Education Program

- The child's regular environment, including the home
- Special sites where preschool programs for children with disabilities and nondisabled children are located close to each other, enabling resources and programming to be shared
- Special education preschool programs with nondisabled children attending and participating in all or part of the program
- Public school settings that provide age-appropriate environments, materials, and services

Administration

Early education services for infants, toddlers, preschoolers, and their families, along with services to children with disabilities in kindergarten and in grades one to three, are provided by LEAs with the support of the Early

Education Unit (EEU). The EEU promotes services that maximize the significant, positive impact of early education and early intervention on the lives of young children and provides technical assistance to LEAs.

The EEU consults and collaborates with other state and local agencies to meet the requirements of the IDEA. The EEU is responsible for developing policies and administering programs that are coordinated by 115 special education local plan areas (SELPAs) and are provided by LEAs, such as school districts and county offices of education.

Funding

LEAs receive funding from state general funds as well as from federal grants, which are distributed on a per child basis.

Training and Technical Assistance

Regional consultants are available to respond to requests for information from the field. The consultants also provide program oversight. Technical assistance is provided on site or through a variety of local and regional meetings. The EEU identifies local staff and agency needs and develops policy and procedures to facilitate program implementation.

The EEU conducts infant/preschool field meetings in far northern, northern, Bay Area, central valley, central coast, Los Angeles, and other southern California locations. These field meetings provide up-to-date information and technical assistance on the best practices, current research, and improved technology.

The California Institute on Human Services (CIHS) at Sonoma State University provides training and support for preschool inclusion programs; telephone (707) 664-3929.

Resources in Special Education (RiSE) is a cooperative project of the California Department of Education and WestEd. RiSE publishes *The Special EDge* newsletter and maintains the California Early Intervention Library. RiSE is a resource for professionals and parents; telephone (916) 492-9990 or (800) 869-4337.



Number of Children Enrolled in Special Education Programs in California

	Ages Three and Four	Age Five	Total
1992	24,742	24,573	49,315
1993	29,459	22,845	52,304
1994	29,690	24,016	53,706
1995	30,218	24,876	55,094
1996	32,425	26,179	58,604
1997	32,172	26,524	58,696
1998	32,843	26,810	59,653

Source: "April 1998 Pupil Count," in *California Special Education Management Information System (CASEMIS), 1997-98 Edition*. Sacramento: California Department of Education, 1998.

Regional Center Services for Children Over the Age of 3

System of Developmental Disabilities Services

The California Department of Developmental Services (DDS), under the Lanterman Developmental Disabilities Services Act, provides leadership and funding for services to individuals with developmental disabilities of all ages. Regional centers, under a contract with DDS, serve as the point of entry into the developmental disabilities service system. With offices statewide, regional centers and the state-operated developmental centers provide local resources and services to assist families. These services and supports are provided through a combination of federal, state, county, and local government services, private businesses, and support groups and volunteers.

Eligibility Criteria

To be eligible for services, a child must have a disability that began before his/her 18th birthday, is expected to continue indefinitely, and presents a significant disability. The disability must be due to one of the following conditions:

- Mental retardation
- Cerebral palsy
- Epilepsy
- Autism
- Disabling conditions closely related to mental retardation or requiring similar treatment

Individuals at risk of having a child with a developmental disability may be eligible for referral for genetic diagnosis, counseling, and other prevention services.

A developmental disability does not include other disabling conditions that are solely physical in nature.

Services Provided

Regional centers provide or coordinate a broad range of services related to a developmental disability. There is no charge for diagnosis or assessment for eligibility. Once eligibility is determined, most services are free regardless of the child's age or family income. Parents are required to share the cost of 24-hour out-of-home placements for children. This share depends on the parent's ability to pay. The following services are provided:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil, and service rights
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home placement
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities

Service Coordination

The regional center helps coordinate the services needed because of a child's developmental disability. A case manager or service coordinator is assigned to help develop a plan of



service and oversee implementation of the plan. The regional center uses a planning process called an individual program plan (IPP) for all eligible persons over the age of 3. This plan is prepared by the parents of a minor child; a guardian or conservator, if any; adult consumer; anyone the family chooses to invite to the planning meeting; and the regional center staff.

The IPP lists the goals for the child and services needed to reach those goals. It lists who will provide the service and who will pay for it. All services listed in the IPP will be provided either by a generic or natural resource, a regional center vendor, or directly by the regional center.

Regional centers are required by law to provide services in the most cost-effective way possible. They must use all other resources, including generic resources, before using any regional center funds. A generic resource is a service provided by an agency that has a legal responsibility to provide services to the general public and receives public funds for providing them. Some generic agencies that families are referred to are the local school district, county social services, Medi-Cal, Social Security Administration, Department of Rehabilitation, and others. Other resources may include natural supports that would be provided by family, friends, or others at little or no cost.